9STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

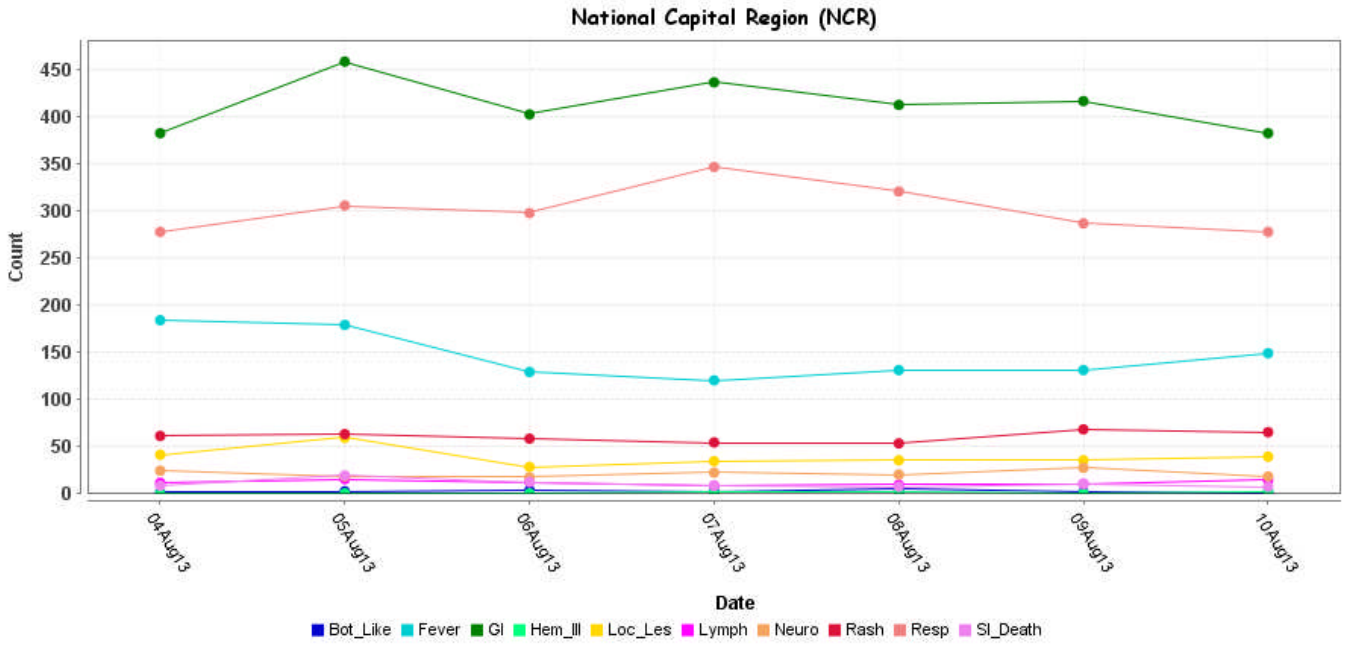
August 16, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:32
Reporting for the week ending 08/10/13 (MMWR Week #32)

CURRENT HOMELAND SECURITY THREAT LEVELS

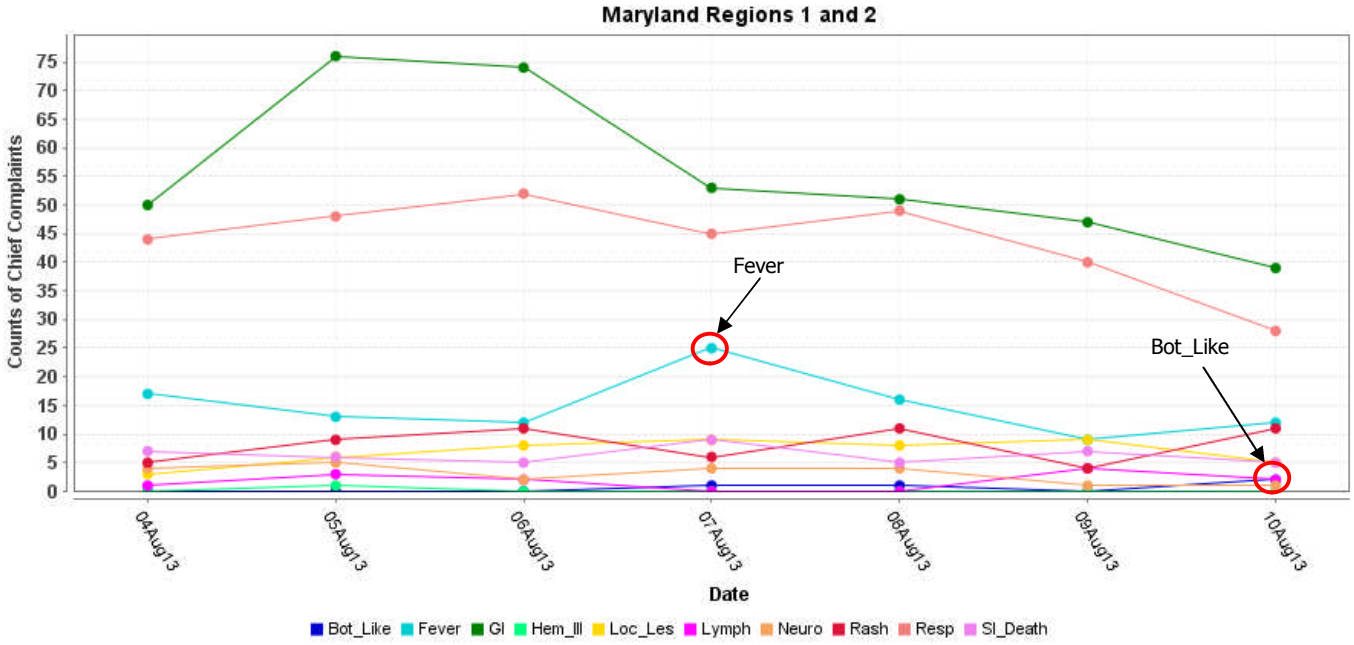
National: **No Active Alerts**
Maryland: **Level Four (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

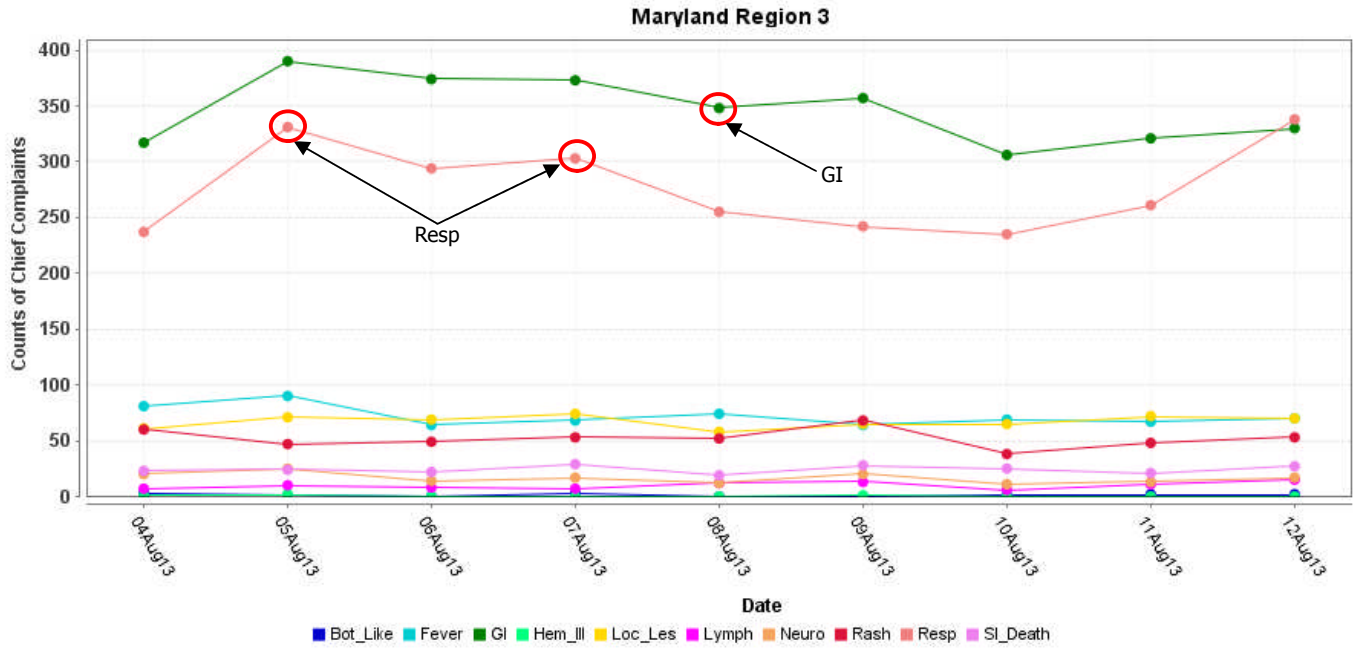


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

MARYLAND ESSENCE:



* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



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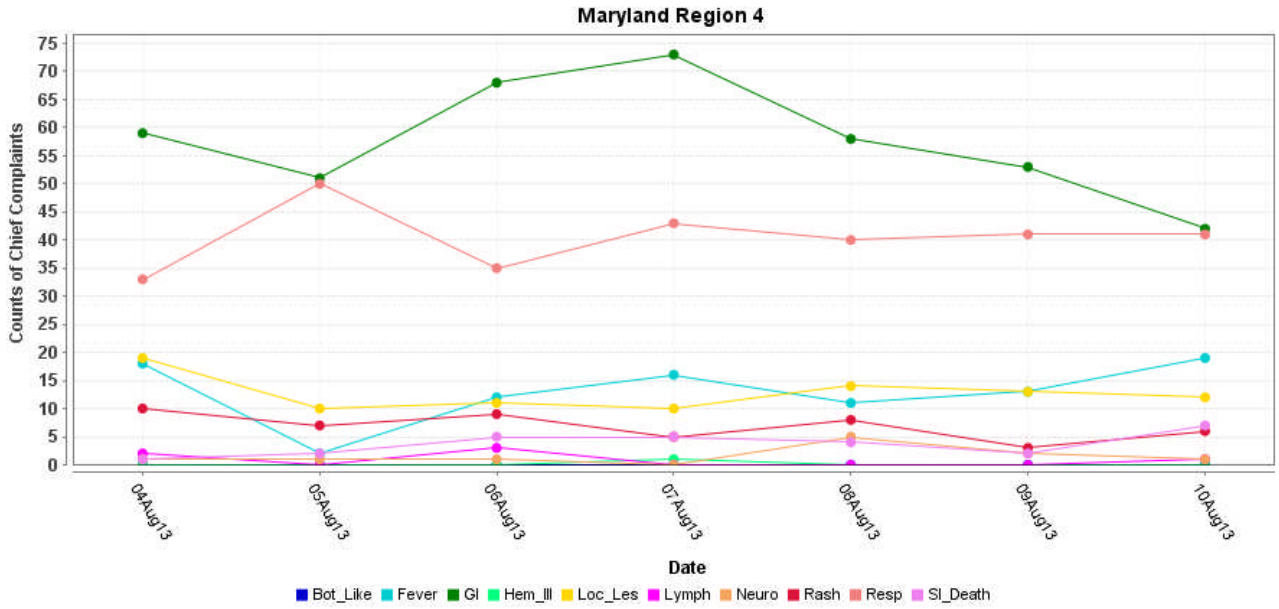
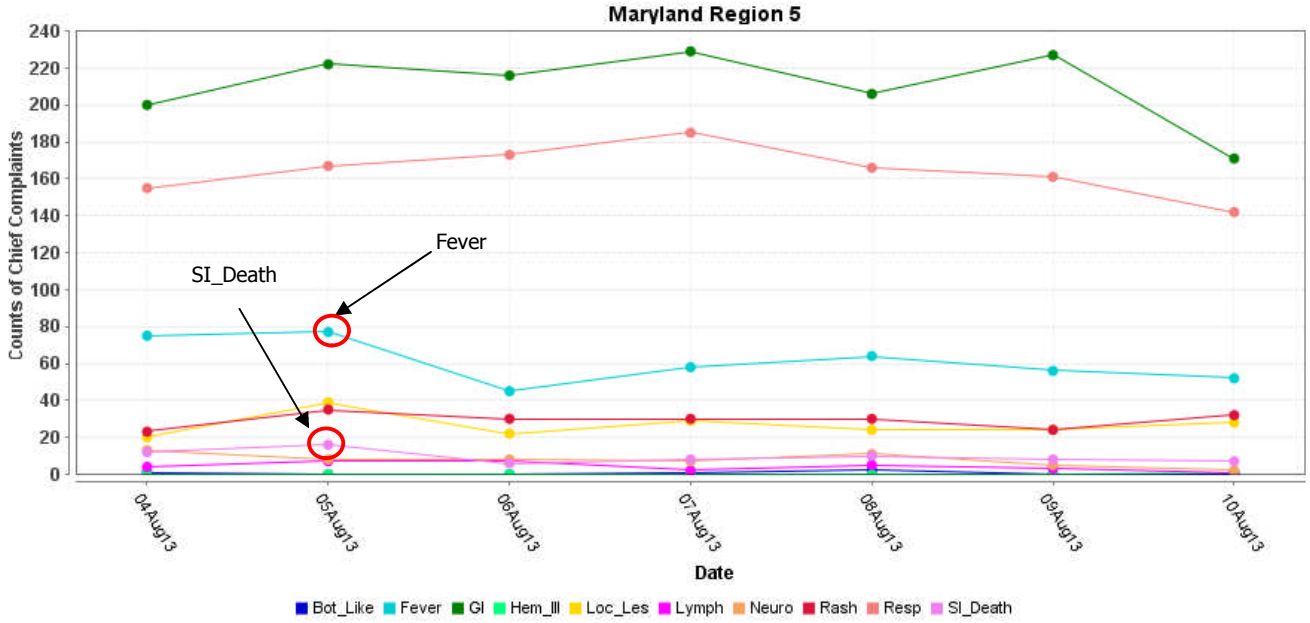
Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



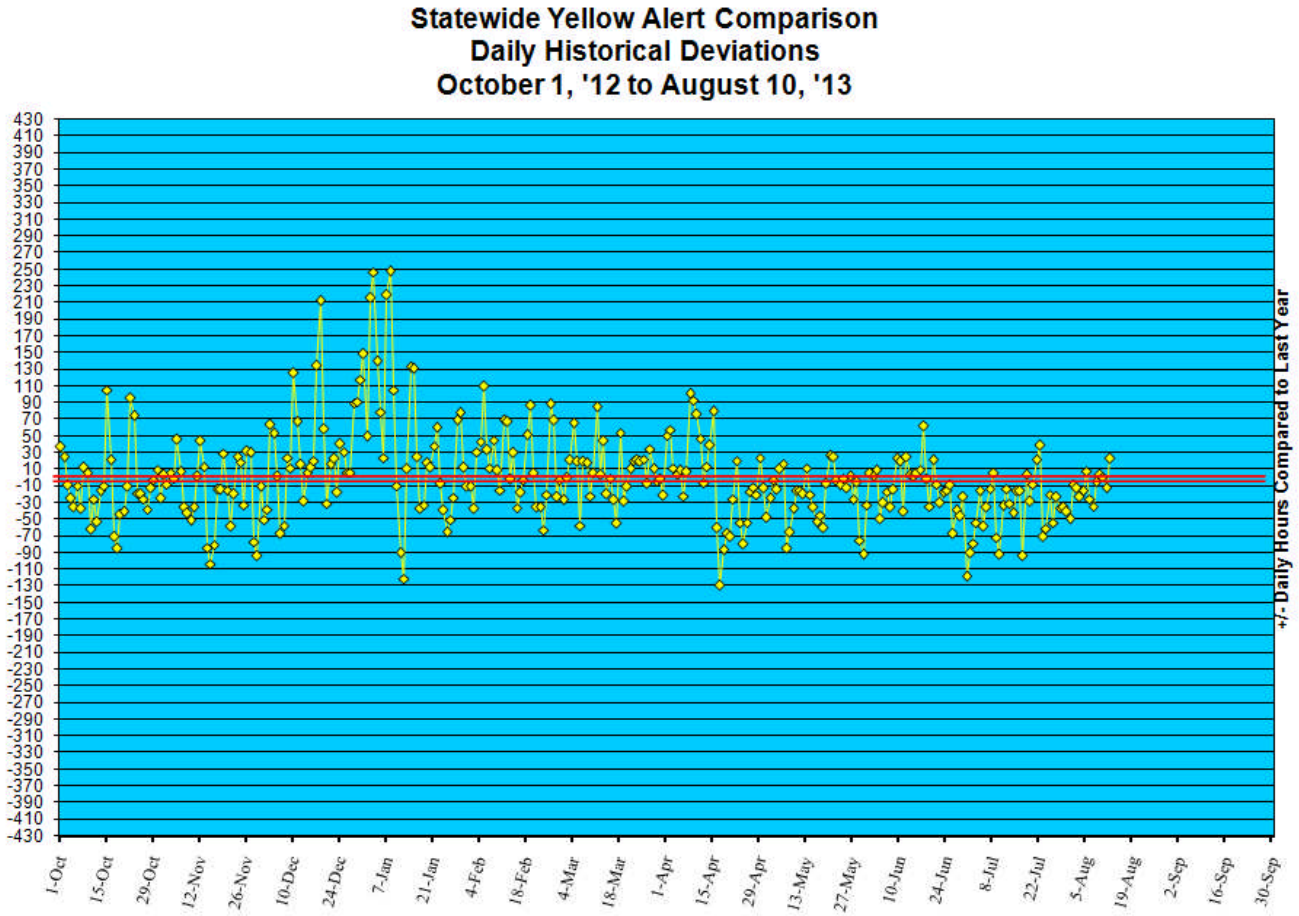
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (August 4 - August 10, 2013):	8	0
Prior week (July 28 - August 3, 2013):	17	0
Week#32, 2012 (August 6 – August 12, 2012):	11	0

4 outbreaks were reported to DHMH during MMWR Week 32 (August 4 – August 10, 2013)

1 Gastroenteritis Outbreak
1 outbreak of GASTROENTERITIS in a Nursing Home

1 Foodborne Outbreak
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

2 Respiratory Illness Outbreaks
1 outbreak of AFRD in a Nursing Home
1 outbreak of PERTUSSIS in a Community

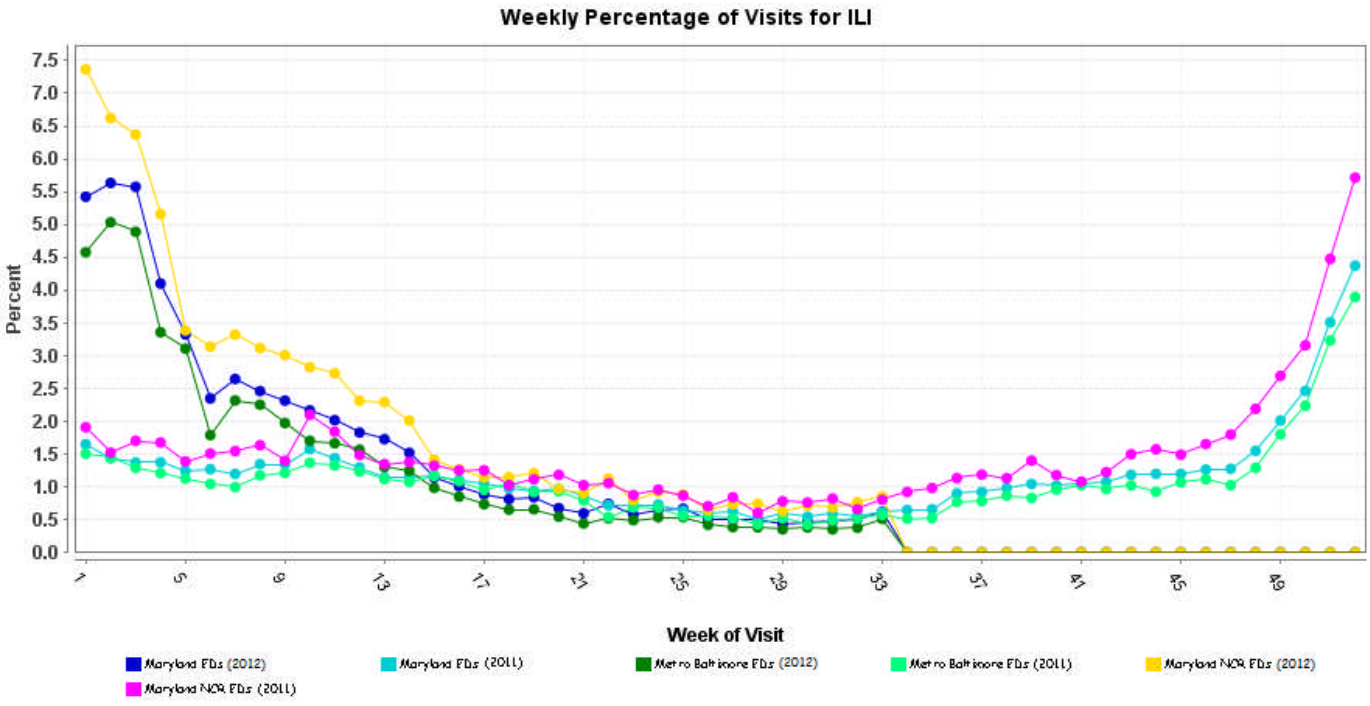
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

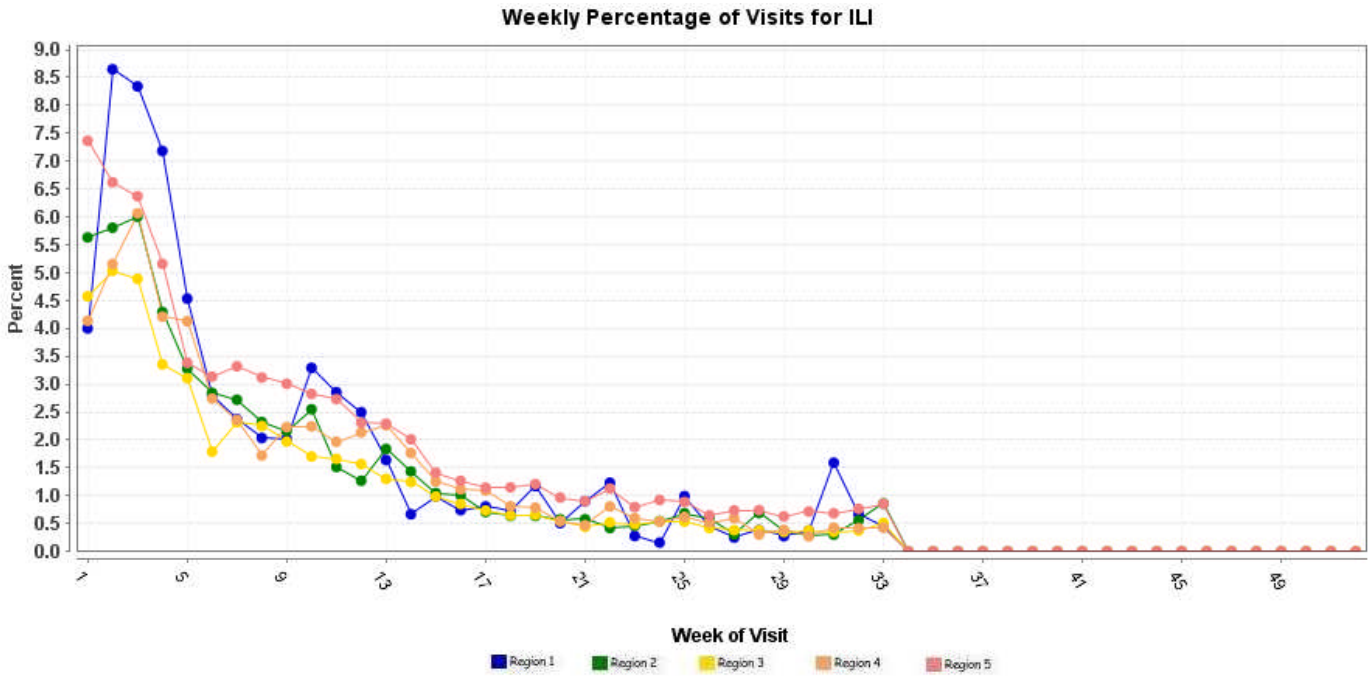
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



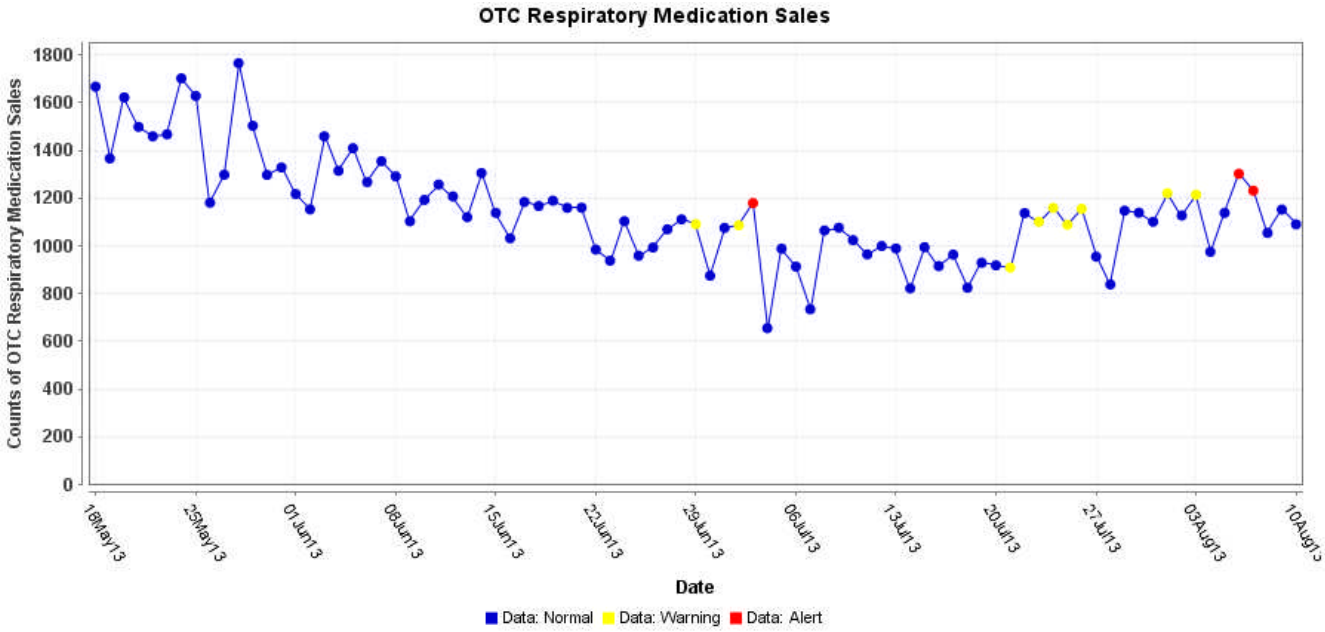
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of July 5, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 633, of which 377 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

NATIONAL DISEASE REPORTS*

CAMPYLOBACTERIOSIS (PENNSYLVANIA): 5 August 2013, A south-central Pennsylvania dairy has again been ordered by the state Departments of Agriculture and Health to stop sales of raw milk because of a 3rd outbreak of campylobacteriosis infections. There have been 2 confirmed cases of *Campylobacter* infection in people who consumed raw milk from The Family Cow in Chambersburg, Franklin County, the Department of Agriculture announced after positive test results for the bacteria were confirmed on Mon 5 Aug 2013. The farm sells raw milk, which has not been pasteurized, to consumers at the farm store as well as retail stores in various locations, including Pittsburgh. The department ordered The Family Cow to stop selling raw milk earlier in 2013 because 5 people, including 1 from Allegheny County, became ill between 30 Apr 2013 and 10 May 2013. It was given the go-ahead to resume sales in June 2013. Raw milk produced by the dairy sickened 38 people, including one from Allegheny County, in January 2012. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

VIBRIO PARAHAEMOLYTICUS (CONNECTICUT): 5 August 2013, The Connecticut Department of Agriculture has initiated a shellfish closure and voluntary recall of oysters and clams harvested from the waters of Norwalk and Westport and is advising consumers to discard shellfish harvested from the affected areas. "We are advising the public not to consume shellfish obtained from the closed recreational and commercial areas, and to discard recalled shellfish to reduce the risk of contaminating other food and food contact surfaces," Agriculture Commissioner Steven K. Reviczky said. "I want to emphasize the importance of heeding this advice. If there is any doubt, throw it out, regardless of how much you love shellfish. It's just not worth risking the health of you or your loved ones." These areas are now closed to harvest until further notice. Raw or undercooked shellfish have been implicated as the source of a number of illnesses related to the naturally occurring bacterium *Vibrio parahaemolyticus*. Oysters, mussels, hard clams, littleneck clams, chowder clams, quahogs and soft-shell/steamer clams from the affected areas are harvested commercially and recreationally. A commercial recall is underway. Consumers who have purchased hard clams or oysters and are concerned should speak with the retail establishment regarding the harvest location of the shellfish. Restaurants and retail establishments that believe they have this product should contact the local health department for further instruction. This recall does not include all shellfish commercially harvested from the waters of Norwalk and Westport, but rather affects only specific harvest locations. Shellfish affected by this recall include hard clams and oysters harvested between 3 Jul 2013 and 2 Aug 2013. (Food Safety Threats are Listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (OHIO): 7 August 2013, A 6th Wesley Ridge Retirement Community resident has died in the state's largest and deadliest Legionnaires' disease outbreak on record. There have been 39 confirmed cases linked to the Reynoldsburg retirement community in the past month. The ill have ranged in age from 63 to 99 and included residents, visitors and one employee. Health officials have said more recent reports of deaths and illnesses are not a sign that there is an ongoing problem. Legionnaires' can take weeks to make a person sick. There also is lag time between the onset of symptoms and lab confirmation of the illness. Furthermore, some of those who have died had been sick for some time. Everyone who has died was a resident of Wesley Ridge, which has taken precautions to prevent further illness and is working to rid the campus of the bacteria. There remain trace amounts of *Legionella* in the community's Parkside building, and drinking and showering restrictions will remain until that's resolved, said Franklin County Public Health spokeswoman Mitzi Kline. Wesley Ridge has ordered showerheads approved by the Centers for Disease Control and Prevention. Once those are installed, showering restrictions will be lifted, she said. Wesley Ridge is working with federal, state and local health officials on a long-term plan for keeping *Legionella* out of its water system. The bacteria are ubiquitous and usually harmless in the environment but cause trouble when they multiply. That can easily happen in warm, stagnant water. The bacteria sicken people who inhale tiny droplets suspended in the air, and they develop pneumonia. Those who are frail or have other medical problems are especially vulnerable to severe infections and death. Since the outbreak began, 32 people have been hospitalized with infections. None remain in the hospital, Kline said. The investigation continues. Tests have shown that the bacteria were in water used for drinking, showering and cooking and in an air-conditioning cooling tower. So far, investigators have not been able to explain what conditions caused *Legionella* to flourish at Wesley Ridge. The CDC has determined that bacteria found in the facility genetically match bacteria in the single patient from whom they were able to get a good sample for testing, said Ohio Department of Health spokeswoman Tessie Pollock. In the past 5 years, the state has tracked 14 outbreaks, including 5 this year [2013]. The 2nd-largest outbreak in recent years was linked to a Dayton hospital, which sickened 11 and killed 2. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CRYPTOSPORIDIOSIS (IOWA): 8 August 2013, The Iowa Department of Public Health [IDPH] reported Thursday [8 Aug 2013] that cases of cryptosporidiosis are growing across Iowa. Officials said 358 confirmed cases have been reported so far this year [2013] compared to 328 cases in all of last year [2012]. Some 272 cases occurred since [1 Jun 2013], with an additional 138 cases under investigation. Cases have been reported in nearly half of Iowa's 99 counties, officials said. Cryptosporidiosis is a disease caused by [the *Cryptosporidium*] parasite that results in watery diarrhea and can include nausea, vomiting, stomach cramps and low grade fever. People get cryptosporidiosis by coming in contact with persons or animals shedding the parasite, or by drinking water contaminated with the parasite. Officials said many of the people who have become ill with cryptosporidiosis reported swimming in pools, and some in lakes or rivers. "The most effective way to keep swimming waters healthy is by keeping unhealthy people out of them," said IDPH Medical Director, Dr. Patricia Quinlisk, in a news release issued Thursday [8 Aug 2013]. "If you or your child is or has recently been sick with diarrhea,

don't go swimming." (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CYCLOSPORIASIS (USA): 8 August 2013, As US health officials continue to try to track down the source of a widespread stomach bug outbreak, the number of confirmed illnesses keeps climbing. According to the latest statistics from the US Centers for Disease Control and Prevention (CDC), posted on its website Wednesday [7 Aug 2013], 504 cases of infection with the cyclospora parasite have now been reported in 16 states and New York City, with 30 patients hospitalized in 5 of those states. Earlier this week, the source of the outbreak in at least 2 states was traced to a Mexican farm that supplied salad mix to Olive Garden and Red Lobster [chain] restaurants. The US Food and Drug Administration (FDA) announced on its website Sunday [4 Aug 2013] that illnesses in Nebraska and Iowa have been traced to Taylor Farms de Mexico, the Mexican branch of Taylor Farms in Salinas, California. The FDA said that it was trying to determine whether the prepackaged salad mix was the source of infections in the other states. "It is not yet clear whether the cases reported from other states are all part of the same outbreak," the agency said in its statement. "The investigation of increased cases of cyclosporiasis in other states continues." Taylor Farms chairman and CEO Bruce Taylor said in an email earlier this week that the plant involved produced 48 million servings of salads for thousands of restaurants in the Midwest and eastern US in June [2013], the month the outbreak started, the AP [Associated Press] reported. He added that the plant has an extensive water-testing program. "All our tests have been negative and we have no evidence of cyclospora in our product," Taylor said in the email. "We are working closely with the FDA to continue this investigation." Taylor noted that Taylor Farms de Mexico does not supply Olive Garden and Red Lobster restaurants in Texas, the state that now has the highest number of illnesses in the outbreak. According to the CDC, 190 of the illnesses reported so far were in Texas. Iowa has had 153 illnesses and Nebraska has had 85. Meanwhile, US health officials said the overall investigation continues. In a posting on its website, the CDC said that it "will continue to work with federal, state and local partners in the investigation to determine whether this conclusion applies to the increase in cases of cyclosporiasis in other states. It is not yet clear whether the cases from all of the states are part of the same outbreak." Prior outbreaks of cyclospora infection have typically been caused by tainted produce, the agency noted. Cases have now been reported in Arkansas, Connecticut, Florida, Georgia, Illinois, Iowa, Kansas, Louisiana, Minnesota, Missouri, Nebraska, New Jersey, New York, Ohio, Texas and Wisconsin. One expert said that while cyclospora can make people very ill, it is not usually life-threatening. "On the infectious disease scale, this ranks well below the more notorious and dangerous ailments like *E. coli* and salmonella," said Dr. Lewis Marshall Jr., chairman of the outpatient services at Brookdale University Hospital and Medical Center in New York City. "It is unlikely to be fatal, but certainly can make one's life miserable," he added. "Symptoms include crampy abdominal pain, watery diarrhea, loss of appetite, bloating, nausea, fatigue, fever, headache and body aches." Cases of cyclosporiasis are caused by a single-celled parasite and cannot be spread from person to person; it has to be ingested via contaminated water or foods such as fruit and vegetables, according to Dr. Monica Parise, chief of the parasitic diseases branch at the CDC. "It can be pretty miserable, because it can give diarrhea that can last for days," Parise said. It takes about a week for people who are infected to become sick. Marshall said there may be more cases of cyclospora infection out there than people realize. It is possible "that most occurrences go unreported, as many people wouldn't recognize the symptoms as any different than a common stomach bug," he explained. Dr. Thomas Frieden, CDC director, urged people who have suffered from diarrhea for longer than a couple of days to be tested for cyclospora. Marshall agreed. "If not treated, symptoms can last from a few days to a month or longer, go away and then return later," Marshall said. "Cyclospora can be treated with an antibiotic combination of trimethoprim-sulfamethoxazole [Bactrim]." The best option, however, is to avoid the bug altogether. "The safest way to protect oneself and one's family is to always rinse fresh produce under water, and even put vegetables in a cold water bath ahead of time to properly clean them," Marshall advised. One expert stressed that the wash-your-produce rule includes prepackaged salads. "Wash all your fruits and salads before ingesting," said Dr. Salvatore Pardo, vice chairman of the emergency department at Long Island Jewish Medical Center in New Hyde Park, New York. "My hunch is the public does not do this to 'prepackaged' salad, which is normally purchased for convenience and dumped into the bowl since it tends to be free from particles -- dirt, sand, critters -- one would normally find in locally picked ingredients." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (ARIZONA): 9 August 2013, Maricopa County [Arizona] health officials say the number of people reported to be infected with *E. coli O157* after eating at a West Valley Mexican food restaurant has increased to 52 sickened with 18 people hospitalized. Officials are still trying to determine what food items were contaminated at Federico's Mexican Food on West Camelback Road. Health officials say no other restaurants have been identified as being part of the outbreak. *E. coli* is destroyed when cooked, so health officials say the food item at issue was either something uncooked or something that was cooked and later contaminated. The infection causes bloody diarrhea, vomiting, cramps and, in some cases, kidney failure, which some of the infected are suffering from, said Jeanene Fowler, a spokesperson for Maricopa County Department of Public Health. Health officials were notified of the outbreak on 1 Aug 2013 and believe that the infected ate at the restaurant on 23-24 Jul 2013. The restaurant voluntarily closed on 1 Aug 2013 and reopened for lunch on 5 Aug 2013 after an extensive cleaning. All of the food was thrown out and inspectors took samples. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

MERS COV(EASTERN MEDITERRANEAN): 8 August 2013, Camels may be a carrier of the mysterious virus that has infected at least 94 people in the Middle East and killed half of them, scientists are reporting. The virus, first detected last year [2012] in Saudi Arabia, causes Middle East respiratory syndrome, or MERS, which begins with flulike symptoms and can progress to severe pneumonia. Because the virus belongs to a family called coronaviruses, often found in bats, researchers suspect that it originally came from bats. The bats might infect people through droppings or saliva, but they might also infect other animals that could then transmit the virus to humans. But which animals? Researchers have been scrambling to find out. Now, a scientific team from a dozen universities is reporting that dromedary camels (the kind with one hump) from Oman and the Canary Islands show signs of past infection with the MERS virus or one very much like it. Researchers tested blood samples from 50 female retired racing camels in Oman, and 105 used in the tourist industry in the Canary Islands. The blood tests did not find the virus itself, but did find antibodies to it - highly specific proteins that the immune system makes to fight off an infection - in all the camels from Oman, and 14 percent of the ones from the Canary Islands. Other animals were also tested - sheep, goats, camels, llamas and alpacas - but none had MERS antibodies. Writing in The Lancet Infectious Diseases, the researchers say their findings need to be verified by other studies, but meanwhile, detailed case histories should be taken of people who have had MERS to find out if they had been exposed to camels or their milk or meat. Some researchers praised the study. Dr W Ian Lipkin, a virus expert at Columbia University who has been studying MERS, said, "I think it's compelling evidence that dromedaries are infected with MERS or a related coronavirus." The study does not prove that the animals have infected humans, he added, but he said it was plausible because people in the Middle East have a great deal of contact with camels as racing animals, pets, and sources of food. William Karesh, a veterinarian and executive vice president of EcoHealth Alliance, a group also studying MERS, said that finding the virus itself in an animal would be stronger and more convincing evidence. But he said the new research was well done and added, "All the clues in a mystery are valuable." (Emerging Infectious Diseases are listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable